

STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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APR 18 2017

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NEW HAMPSHIRE DEPARTMENT OF STATE

Legislative Solutions, L.L.C. (Name of partnership, firm or corporation) P.O. Box 10724 Bedford Business Address: (Street) (Town/City) () 603-986-9145 (Fax) III. This statement covers: (Choose one – file separate report reportable expense transactions which are not attributable to New Hampshire Coalition Against the (Full Name of Client as it appears on the Lob OR All reportable transactions by the lobbyist (including the lobb unrelated to any particular client.	y: NH (State) e-mail dbeek@a	03110 (Zip Code)
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(Full Name of Client as it appears on the Lob OR □ All reportable transactions by the lobbyist (including the lobb	he reporting date relative to the	ne following client:
OR ☐ All reportable transactions by the lobbyist (including the lobb	e Death Peanalty	
\Box All reportable transactions by the lobbyist (including the lobb	byist Registration Form)	
	yist's family), or the lobbying	g firm listed below w
IV. Date of Report April 26, 2017 A Reports cover: activity from date of registration to 3/31/17	July 26, 2017 activity from 4/1/17 to 6/30/17	,
October 25, 2017 activity from 7/1/17 to 9/30/17	January 31, 2018 [] activity from 10/1/17 to 12/31	/17
V. There have been no fees received and no reportable of this box is checked, complete just this form and submit it to the Concord, NH 03301.		
VI. Check if additional reports are attached:		
If you have received fees or made expenditures, you must fil		
☐ If you have paid an honorarium or reimbursed expenses, you Expense Reimbursement	ı must file Addendum B – Re	eport of Honorariums
☐ If you, your firm, or your family has made political contribu	tions, you must file Addendu	ım C- Political Conti
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and he and complete to the best of my knowledge and belief. (Signature of lobbyist)	•	foregoing information
Debra Vanderbeek (Print Name of lobbyist)	(Da	

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Debra Vanderbeek, Robert Clegg, Periklis Karout	as, Leann Moccia
II. Name of lobbyist's partnership, firm or corporation, if any:	
Legislative Solutions, L.L.C.	
(Name of partnership, firm or corporation)	_ A!! 10, 2017
III. Name of Client NH Coalition Against the Death Penalty	Date April 18, 2017
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$ 9000.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ <u>0</u>
c) Total of all fees received to date (Add lines a and b)	c) \$ <u>9000.00</u>
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ <u>0</u>
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm. aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a business st than \$10 that is given to the person ad with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of a per than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.b) Total aggregate of expenditures during this reporting period, not reported	a) \$ 9000.00
in a), of \$25 or less.	b) \$ <u>0</u>
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ <u>0</u>

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 9000.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>0</u>
f) Total of all expenses year to date	f) \$ 9000.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
(Signature of Johnvist)	April 18, 2017
(Signature of lobbyist)	(Date)
Debra Vanderbeek	
(Print Name of lobbyist)	

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State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist

(Print Name of lobbyist)

Statement of Income and Expenses for: **Legislative Solutions** Name of Lobbying partnership, firm, or corporation: Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any Coalition Against the Dea particular client): Date of Report (check one): April 26, 2017 🕱 July 26, 2017 □ October 25, 2017 □ January 31, 2018 □ I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted): Addendum A(s). Addendum B(s). Addendum C(s). I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete talthe best of my knowledge and belief. April 18, 2017 **Robert Clegg**

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for: Name of Lobbying partnership, firm, or corporation: **Legislative Solutions** Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any Date of Report (check one): April 26, 2017 July 26, 2017 October 25, 2017 □ January 31, 2018 □ I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted): Addendum A(s). Addendum B(s). Addendum C(s). I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the pest of my knowledge and belief. April 18, 2017 (Signature/of lobbyist) Periklis Karoutas

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist

(Print Name of lobbyist)

Statement of Income and Expenses for:
Name of Lobbying partnership, firm, or corporation: Legislative Solutions
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client):
Date of Report (check one):
April 26, 2017 ☐ July 26, 2017 ☐ October 25, 2017 ☐ January 31, 2018 ☐
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s).
Addendum B(s).
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.
(Signature of lobbyist) April 18, 2017 (Date)
Leann Moccia